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USDOT # 3170246  
MC# 117725

Job #

## Uniform Household Goods Bill of Lading

**Customer:** This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document *it is important that you first read the document, including the back*, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address		Destination Address	
Customer			
Phone	Cell	Name of Consignee (if different)	
Email		Phone	
Additional Stops		Other	
Billing Address			

EXHIBIT 12/4/19  
4  
2019-306.T

### Hourly Rated Moves

[illegible]

**STORAGE** - If shipment will be placed into storage, the customer must initial options selected.

### Storage in Transit:

\_\_\_\_\_ Shipment is to be placed in storage for a period of 90 days or less.  
I understand that on the 91st day of storage the shipment becomes permanent storage.

### Permanent Storage:

\_\_\_\_\_ The storage location will be at \_\_\_\_\_  
 \_\_\_\_\_ Shipment is to be placed in storage for more than 90 days.

**Storage In-Vehicle:**

\_\_\_\_\_ I certify that I have requested Storage-in-Vehicle for a period of \_\_\_\_\_ days at an agreed upon rate of \$ \_\_\_\_\_ per day.

\_\_\_\_\_  
Signature of Customer

	Unit	Rate	Total
Storage In Transit	lbs	Net	
Whse Handling	lbs	Cwt	
Add'l Valuation \$	at	Cwt	
<i>Total storage charges</i>			\$

**LOSS AND DAMAGE PROTECTION (Valuation):** Customer must initial.

\_\_\_\_\_ Basic Value Protection - I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means that I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Loss or Damage noted at the Time of Delivery

### MILEAGE RATED MOVES:

Mileage	_____
Gross Weight (lbs)	_____
Tare Weight	_____
Rate	_____
Other	_____
<b>Total Charges</b>	_____

**PACKING Materials, Additional Services, Describe:**

# of units	at	per unit	
<b>Total Packing Charges</b>			

### OTHER CHARGES

OTHER CHARGES		at	per unit	
		at	per unit	
		at	per unit	
		at	per unit	
		at	per unit	

**MOVING, PACKING, MATERIALS, STORAGE CHARGES:**

Transportation Charges	
Storage	
Valuation	
Packing Materials	
<i>Total Moving Charges</i>	
Total Amount Paid	
Balance Due	

**ESTIMATES: Customer must initial.**

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due.

**Customer Release:** I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

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Signature of Customer
Date

Signature of Carrier Representative \_\_\_\_\_ Date \_\_\_\_\_

Customer acknowledges carrier delivered goods:

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Customer Signature
Date